MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3048 Registration District No. DO NOT WRITE AMENDED FILED FEB 2 5 1963 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATEMISSOURIS. COUNTY Nodaway a. COUNTY VS 300 Nodaway admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits OR TOWN OR Maryville 1 week Maryville Yes X No 🗆 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR ADDRESS INSTITUTION St. Francis Hospital Yes 🕟 No 🔲 910 South Main Yes 🗆 No 🕞 3. NAME OF DECEASED Middle 4. DATE Month Day Year (Type or print) MATILDA GINGRICH DEATH 63 17 IF UNDER 24 HR 6. COLOR OR RACE 7. Married Never Married 9. AGE (last birthday) IF UNDER I YEAR 8. DATE OF BIRTH 5. SEX Widowed 📋 /3/86 Divorced [7] Female White 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USA Own home Maryville. |≷ O 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME 0 Ed J. Ginarich Louisa Bush Rudolph Neidel 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of servi Ed J. Gingrich. Maryville. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DOCUMENT RECORD IMMEDIATE CAUSE (a) ď 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS No. □ Unknown ☐ Yes 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO I 20c. TIME OF Hou Month, Day, Year RIBBON INJURY p.m. USE BLACK INK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK READ *TYPEWRITER* and last sawking alive on 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred a SHOULD 22c. DATE SIGNED 22b. ADDRESS Degree or title) 22a, SIGNATURE ö 2/19/63 Maryville, Missouri -M. D. ∙ AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. 54TE 23a. BURIAL, CREMATION, NO. Maryville. Missouri REMOVAL (Specify) Oak Hill burial 26. REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REG. TEM 24. FUNERAL DIRECTOR ce Funeral Home, Maryville,

(Licensed Embalmer's Statement on Reverse Side)

E361 6 I AAM

STATEMENT BY LICENSED EMBALMER

1 here	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,	
or by	<u> </u>	, Sludent Embalmer No	
working under	er my personal supervision.	Qe TONO B	
Student	Signature of Student Embalmer	Signed (Marray)	
•	,	Licensed Embalmer No. 5/88	
		P. O. Address Maryar Cla Mrs	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.